20 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32835

1. PLACE OF DEATH

County Buchanan — Registration District No. [illegible] — File No.

Township — Primary Registration District No. — Registered No. 1231

City St. Joseph, Mo (No. Missouri Methodist St. Ward)

2. FULL NAME Phyllis Agnes Harbeck

(a) Residence. No. Hall Station St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 6 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest W. Harbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 22, 1900

7. AGE: Years 28 — Months 6 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Westfield
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: William A. Payne
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Julia Fianto
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): South Dakota

14. INFORMANT: Ernest W. Harbeck
(Address): Hall Station

15. FILED OCT 29 1928 19 John J. Utz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 27, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1928, to Oct 27, 1928, that I last saw h... alive on Oct 27, 1928, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Embolus following appendectomy for acute appendicitis

1 PIB

1 IA (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): acute appendicitis

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes No DATE OF Oct 21-28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) W K Wallace, M. D

10 28, 1928 (Address) 30148 St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sugar Creek Cemetery — DATE OF BURIAL: Oct. 30, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.